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CONFIRMATION NO. 4940

SERIAL NUMBER 09/252,828	FILING DATE 02/19/1999 RULE	CLASS 435	GROUP ART UNIT 1653	ATTORNEY DOCKET NO. 024754/0114
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/075,079 02/19/1998

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 03/11/1999

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	VA	3	21	5
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

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TITLE

RECOMBINANT, BIOLOGICALLY ACTIVE HUMAN ZONA PELLUCIDA PROTEIN 3 (HZP3) TO TEST MALE FERTILITY

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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